

# SOMERVILLE CHRISTIAN SCHOOL

205 Henry Drive  
Somerville, TN 38068  
Telephone: 901-465-2870

Please complete and return to office staff.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

(Last)

(First)

(MI)

Student Address: \_\_\_\_\_

(Street Address/PO Box)

(City)

(State)

(Zip)

Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Number of years attending Somerville Christian School (including this  
year): \_\_\_\_\_

Name of school last attended (if not Somerville Christian School):

Address of school last attended:

(Street Address/PO Box)

(City)

(State)

(Zip)

**PARENT/LEGAL GUARDIAN INFORMATION**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Same as student

\_\_\_\_\_

(Street Address/PO Box)

\_\_\_\_\_

(City)

(State)

(Zip)

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:***(Please list two contacts)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Name(s) of person(s) authorized to pick up your child(ren) from

Somerville Christian School:

\_\_\_\_\_

\_\_\_\_\_

***DOCTOR INFORMATION***

**Doctor's name:** \_\_\_\_\_

**Doctor's phone number:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Preferred Hospital:** \_\_\_\_\_

**List all known allergies:** \_\_\_\_\_

**List any known medical/health problem(s) and medication(s) regularly  
taken:**

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## Financial Contract for School Year 2025-2026

### \_\_\_\_\_ Option A: Day School Program for grades K - 9th:

Registration Fee (due upon registration) ..... \$450.00

Building Fee (due by October 15th) ..... \$200.00

General Tuition. .... \$3,250.00

Total Cost. .... \$3,900.00

Monthly Payment for Ten (10) months. \$325.00

\*\*Students who register after July 1, 2025, will be charged a late registration fee of \$50.00\*\*

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### \_\_\_\_\_ Option B: Home School Program for grades K-12th:

Registration Fee (due upon registration) ..... \$450.00

General Tuition ..... \$800.00

Total Cost. .... \$1,250.00

Monthly Payment for Ten (10) months ..... \$80.00

\*\*Students who register after July 1, 2025, will be charged a late registration fee of \$50.00\*\*

\*\*\*\*\*

## Financial Contract 2025-2026, p.2

\*\*\*\*\*

I agree to pay all cost and fees listed above for Option . I understand there are NO refunds on any of the cost and fees that I have agreed to pay. I understand that the first tuition payment is due on Aug. 15, and subsequent tuition payments are due on the first of each month without exception. A ten percent (10%) late charge will be added to the monthly tuition payment if received after the fifth of the month. If the monthly tuition has not been rendered by the fifteenth of the month, the student enrolled will not be allowed to attend further classes at Somerville Christian School unless other acceptable arrangements have been made with the administration. *I also understand that if the student enrolled is dismissed or withdrawn from Somerville Christian School for any reason, including non-payment of tuition owed, I will not receive a refund for payments made, and I am still responsible for paying all the remaining tuition balance and fees to Somerville Christian School.* Student transcripts will not be released until all outstanding fees and balances have been paid in full.

.....  
Name of student enrolled: \_\_\_\_\_

I, \_\_\_\_\_ , understand the terms of this financial contract.

I agree to enter this contract with Somerville Christian School.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Somerville Christian School Faculty Signature**